

**Redcar & Cleveland Borough Council**

**Families Together (Edge of Care / Crisis / Welfare / Parenting) & Family Time Service Referral**

*For SAFE Referrals please refer to SAFE Exploitation Group (VEMT), for Therapy Referrals please refer to Resource Panel*

**Family Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Name(s)** | **DOB(s) / EDD** | **Protocol No(s)** | **Current Address** | **Home or Placement address?** |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
| **Legal (ICO SGO) and Case Status (CP CIN BLA CLA)**  | **CP/CIOC review date** | **Court dates/final hearing** | **Any communication or Health needs? (Inc. language)** | **School** |
|  |  |  |  |  |

**Parent / Carer Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name(s)** | **DOB(s)** | **Address** | **Relationship to Child** | **Contact Number** | **Any communication need?** (Inc. language) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Risk Assessment** (please highlight for anyone involved) |
| **Please provide details of any identified risks (e.g. substance misuse, mental health difficulties, domestic abuse, violence, CCE, CSE, pets, weapons, community risks, peers/associates, criminality, risk to professionals, sexual offender/risk):** |
| **Please provide history and details of triggers likely to result in any risk taking behaviour (e.g. home visits, community, male/female visitors, unannounced visits):** |
| **Recommendations to Reduce Risk:** |

|  |
| --- |
| **Service Requested** (*please then go to relevant section below*) |
| **Family Time (Page 3)** |[ ]
| **Edge of Care / Crisis (Page 5-6)** |[ ]
| **Parenting (Page 5-6)** |[ ]
| **Reducing Parental Conflict (Page 5-6)** |[ ]
| **Welfare Visit (Page 7-8)** |[ ]

|  |
| --- |
| **Consent** |
| Have you got consent for the referral and explained the support that can be provided?*(If you don’t have consent please call the relevant managers if required or go back to the parent/carer with PR and discuss before submitting referral)* | Choose an item. |

|  |
| --- |
| **Family Time**  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hours required** (please indicate if this applies to different children / parents) | **Number of sessions p/week** | **Any dates/times to avoid** (e.g. if attending parenting programme/ court) | **Level of supervision** | **Transport required?** | **Is family time court ordered?** | **Any access needs?** |
|  |  |  | Choose an item. |[ ] [ ]   |
|  |  |  | Choose an item. |[ ] [ ]   |

**If Family Time is not court ordered, please provide the expected date of Court Order:** Click or tap to enter a date.

|  |
| --- |
| **What are you worried about?** |
|  |
| **What is working well?** |
|  |

|  |
| --- |
| **What needs to happen?** (any specific focus you would like for family time, exit goals, any ongoing viabilities of family network to support with family time or be involved, any ongoing assessments, what would you want to see before progressing to community/unsupervised) |
|  |
| **Safe plan / Bottom lines** |
|  |

**Authorisation**

|  |  |  |
| --- | --- | --- |
| **Designation** | **Name** | **Date** |
| Social Worker |  | Click or tap to enter a date. |
| Team Manager |  | Click or tap to enter a date. |

**Please return completed form to:**

**FamilyTimeService@redcar-cleveland.gov.uk**

**Family Time Service Contact Phone Number: 07500606916/ 01642 771666**

|  |  |
| --- | --- |
| **Edge of care / Crisis support** | **Parenting / Reducing Parental Conflict** |

|  |
| --- |
| **Service Requested**  |
| **Edge of Care** | **Parenting**  | **Reducing Parental Conflict** |
| Edge of Care support |[ ]  Points on Parenting (daytime group) |[ ]  Me, You and Baby Too |[ ]
| Crisis support |[ ]  Points on Parenting (Twilight group) |[ ]  Arguing Better |[ ]
|  |  | Freedom Programme |[ ]  Getting it right for children |[ ]
| Welfare visit |[ ]  Solihull Programme |[ ]   |  |

|  |
| --- |
| **Is the child/young person/family:** |
| Edge of Care |[ ]
| A child in our care (CIOC) |[ ]
| Returning to Parents care |[ ]

|  |
| --- |
| **What are you worried about?** |
|  |
| **What is working well?** |
|  |

|  |
| --- |
| **What needs to happen?** (reason for your referral and what you would like from the work with the team) |
|  |
| **Safe plan / Bottom lines** |
|  |

**Authorisation**

|  |  |  |
| --- | --- | --- |
| **Designation** | **Name** | **Date** |
| Social Worker |  | Click or tap to enter a date. |
| Team Manager |  | Click or tap to enter a date. |

**Please return completed form to:**

**FamiliesTogether@redcar-cleveland.gov.uk**

|  |
| --- |
| **Families Together (Welfare Visit)** |

|  |  |
| --- | --- |
| **Address to be visited**  |  |
| **Day(s) / Time(s) to visit**  |  |
| **Contact number for family being visited** |  |
| **Reason for request** |  |
| **Who lives in the household?****Who needs to be sighted?**  | If there is anyone who shouldn’t be there can you provide a photo/description and actions to take if they are present.Including ages of children. |
|  |
| **Are there any risks (additional to above risk assessment) worker should be made aware of?**  | e.g. substance misuse, mental health difficulties, domestic abuse, violence, CCE, CSE, pets, weapons, community risks, peers/associates, criminality, risk to professionals, sexual offender/risk.Any triggers that may increase risks e.g. home visits, community, male/female visitors, unannounced visits |
|  |
| **What specific areas should the case note cover?** |  |
| **Should concerns be identified upon visit who should the worker contact?** |  |

**Authorisation**

|  |  |  |
| --- | --- | --- |
| **Designation** | **Name** | **Date** |
| Social Worker |  | Click or tap to enter a date. |
| Team Manager |  | Click or tap to enter a date. |

**Please return completed form to:**

**FamiliesTogether@redcar-cleveland.gov.uk**